

it and are waiting.

Many thanks

Kind Regards

Neil Dickinson
Managing Director.

LEEWARD CONSTRUCTION COMPANY LIMITED.

ALL SAINT'S ROAD, P.O. BOX 1400, ST. JOHNS, ANTIGUA

MAIL: neil@leeward.ag

OFFICE: (268) 462-0071

CELL: (268) 729-0072

FAX: (268) 462-4868

From: McCary, Kibian [<mailto:kmccary@auamed.net>]
Sent: 20 April 2009 15:02
To: Prabhu Marudheri
Cc: Greenberg, Corey; Roche, Antony; neil@leeward.ag; paul@leeward.ag
Subject: LEEWARD CONSTRUCTION; PAYMENT APPLICATION # 17; PAGES 1-20

Dear Prabhu,
Please find attached Payment application #17 of Leeward Construction duly passed for payment amounting to
ECD 3,183,832.95 including ABST. Attachments would be forwarded in 9 parts.
Regards,

Miss. Kibian McCary
Construction Assistant
American University of Antigua, College of Medicine Jabberwock Rd.
P.O. Box W-1451, St. John's, Antigua
Tel: (268) 481-8916
Fax: (268) 481-8924
email:kmccary@auamed.net

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APPLICATION FORM

Please fill out this form in black ink and in BLOCK letters.
All fields with * should be filled in.

APPLICATION INFORMATION			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mx. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.			
*First Name		*Last Name	
MANIPAL		LEARNIN	
*Address		*Occupation	
10, FRERE FELIX DE VALOIS STREET		INTERNATIONAL	
*City	*Province	*Postal Code	
PORT LOUIS			
*Email Address	*Phone #	*Fax #	
	230-2023000	230-2125265	
*Non ICICI Bank customer to provide 2 pieces of identification (ONE VALID PHOTO ID). For the list of acceptable ID's, please refer to the reverse of this form.			
OTHER PARTY INFORMATION (This section must be completed)			
Anti-money laundering legislation requires us to obtain the following information. This section is mandatory. I am conducting this money transfer on behalf of another party who is not an account holder in this application. If yes, please complete the section below.			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of the Other Party			
Address of the Other Party			
City	Province	Postal Code	Country
Occupation or type of business of the Other Party		Relationship to the Other Party	
Business Incorporation Number (if applicable)		Place of Incorporation (if applicable)	
PAYMENT MODE			
<input checked="" type="checkbox"/> Debit ICICI Bank Canada Account No. 101649933			
<input type="checkbox"/> Cash <input type="checkbox"/> Others			
BENEFICIARY DETAILS (For multiple beneficiaries, please submit separate forms)			
*Name of Bank		*Name of Beneficiary	
"AS PER ANNEXURE"		LEEUARD CONSTRUCTION COMPANY	
*Branch Address		*Account No.	
*IFSC code		*Street Address	
Swift / Micr code *		"AS PER ANNEXURE"	
*City		*City	
*Province		*Postal Code	
*Country		*Phone #	
DISBURSEMENT MODE			
India	<input type="checkbox"/> Credit to account (ICICI Bank, India) <input type="checkbox"/> Draft issued locally in Canada	<input type="checkbox"/> Draft to beneficiary in India <input type="checkbox"/> Draft to beneficiary's bank in India	<input type="checkbox"/> EFT / SEFT (India)
Other countries	<input type="checkbox"/> Credit to account (correspondent bank)	<input type="checkbox"/> Draft to beneficiary in destination country	
MONEY TRANSFER DETAILS			
Amount & Currency (To be debited)		Amount & Currency (to be transferred)	
		USD 1,184,373.54	
FX Rate:		FX Contract no (if available):	
Charges of correspondent bank			
<input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary			
* Purpose of Money Transfers: PMT AGST CONSTN COST, BILL # 17			

Alana Bartley

From: Prabhu Marudheri [pmarudheri@AUAMED.ORG]
Sent: Monday, June 22, 2009 8:44 AM
To: Neil Dickinson
Cc: Antony Roche; Corey Greenberg
Subject: Running bill#19
Attachments: 20090622083352098.pdf

Neil,

Wire transfer has been processed for this bill and the confirmation is attached. Please let me know if you have any questions.

Thanks

*Prabhu Marudheri
Director of Institutional Development and Financial Controls
American University of Antigua
College of Medicine C/O GCLR LLC
Desk: 212-661-8899 Extn 171
Cell: 516-369-8406
Fax: 646-514-1878
Email: pmarudheri@auamed.org*

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FOREIGN WIRE USING MODEL

WIRE: From Account: 9941998184 Currency: US Dollars

Status: Processed - Confirmation Number is 1730494134.

Wire Fee: \$20.00

Beneficiary Leeward Construction	Bank Name: ABI BANK LTD. Address: 156, REDCLIFFE ST. ST. JOHN ' S Antigua and Barbuda Intermediary Bank: ABA: 026009593 Name: BANK OF AMERICA, N.A., NY State: New York SWIFT/BIC: ANBIAGAG
Beneficiary's Account number: 300118635	
Amount: \$596,291.25 Date of transfer: Immediate	Special Instructions: ABI Bank Ltd acct#6550-6-52034 with Bank of America

Save as Model Model Name: LEEWARD CONSTRUCTION

[Process another Wire](#)

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How to contact the Manipal Education Americas, Agent for the American University of Antigua:

MAIN SWITCHBOARD: 1-212-661-8899

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Email: admissions@auamed.org

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Email: studentfinancialservices@auamed.org

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Email: bursar@auamed.org

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Fax: 1-646-390-4947
Email: csd@auamed.org

The telephone numbers listed above are for Manipal Education Americas, LLC, Agent for American University of Antigua

MAILING ADDRESS

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College of Medicine
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New York, NY 10004

OR

American University of Antigua
University Park
Jabberwock Beach Road
PO Box W1451
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Name Par Prem Kumar
Dept Admissions
Email pkumar@auamed.org
Website

Originally from hospitality background (management trainee with the TajGroup), my natural empathy and people skills were honed with every move and new experience. Working with Dr Steven Covey, I soon learnt how each attribute can be a compliment to company ethos and success. Coming from a very academic family, and not being an honors student was a challenge, but it also taught me patience and achievement. My baptism by fire was to take over recruiting for a group that represented universities in UK, Ireland and Australia. But, I was hooked and I think, I manage to bring all these traits to the fore when talking to, counseling or just listening to the students and parents. I am proud of the sense of comfort and confidence I am able to project and convey.

Being from India, I am able to relate and understand the Indian descent parents and students and answer their concerns and issues. This has also meant a lot of networking with the diaspora to spread the word and create a tremendous awareness of our programs. This has led to more opportunities to help the company grow with affiliations and branding.

Living in beautiful Hudson valley (god's own palette), I love being home with my almost human Boxer/ shepherd mix, taffy and my sc who tolerates us both. Reading, television, especially British dram friends, travel and eating out are my relaxation.

Having lived in many continents and travelled extensively, I am very comfortable meeting and interacting with folks from every strata of life.

E-mail: pkumar@swamed.org

Phone: 1-347-268-4723 / 1-646-834-9194

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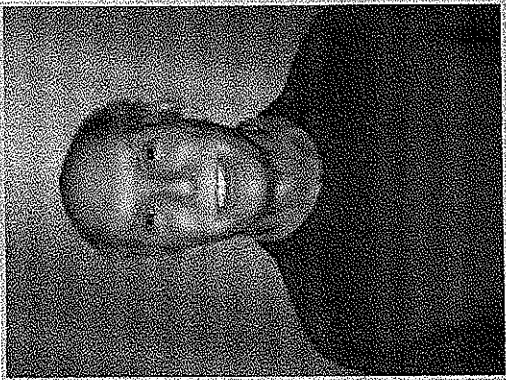
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Mr. Wilson is the Executive Director of Admissions.

Bob Gelles

College of Medicine/American International College of Arts and Sciences - Antigua



I have been involved in the admissions process for over fifteen years and, at AUA, also function as the Alumni Relations Director. I earned my Bachelor of Arts Degree at Queens College. I have been with AUA since February, 2004 when we ushered in the first class. I consider myself to be so fortunate to have spoken with our students when they first enrolled and see them graduate and begin their residencies. I cannot think of anything better than to be involved with students on both ends. I have always enjoyed speaking with prospective students about their aspirations, and aiding them as they consider our program. I truly love what I do.

I enjoy being at home and traveling with my wife. We enjoy exploring ethnic restaurants and all of the diversity that New York City has to offer as well as hiking and enjoying the outdoors.

E-mail: bgelles@auamed.org

Phone: 1-646-834-9158

Name	Bob Gelles
Dept	Admissions
Email	bgelles@auamed.org
Website	

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Bob Gelles

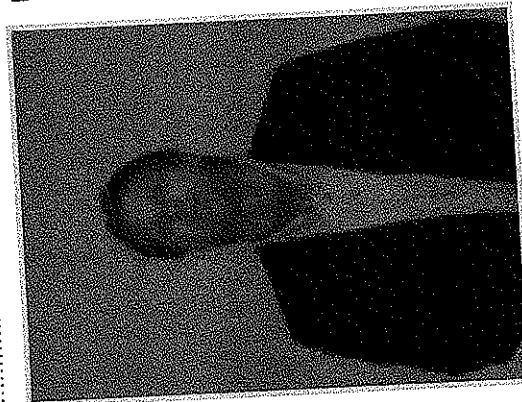
Associate

Faculty

AUA

Thomas Morrow

College of Medicine

**Name** Thomas Morrow**Dept** Admissions**Email** tmorrow@auamed.org**Website**

I have been helping students along their career path for ten years, most recently joining the American University of Antigua Admissions team in 2008 as an Associate Director of Admissions. I earned my Bachelor's degree from the College of Wooster in Communication Studies and am currently pursuing a Masters of Business Administration from Plymouth State University. I am familiar with the hard work and dedication it takes to achieve a graduate degree and manage all the other aspects of life.

Representing AUA in the Midwest Region has been a rewarding experience. I enjoy meeting potential students from around the world that are attending colleges and universities here, with a common goal of becoming a doctor.

Growing up in Sandusky, Ohio and enjoying outdoor activities on Lake Erie, boating became my hobby. As a current member and past president of the Wooster Ohio Exchange Club, I contribute to a community service organization that focuses on making the community a better place to live through programs in Americanism, community service and youth activities. I currently reside in Poland, Ohio with my wife where together we enjoy traveling and the outdoors with our two sons.

E-mail: tmorrow@auamed.org

Phone: 1-330-398-1785

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Brianna Tolli

Brianna Tolli
College of Medicine



Name Brianna Tolli
Dept Admissions
Email btolli@auamed.org
Website

I have been with AUA College of Medicine since 2006. Prior to AUA I was a case manager for a Mental Healthcare agency for three years before making the switch to higher education. I enjoy working in this dynamic field where I am able to help students pursue their dreams of becoming physicians. The position allows me to travel throughout the U.S., meeting new and interesting people every day. I have a BA in Art Therapy and more recently completed my Master's in School Counseling where I am now certified in NY state.

In my spare time I am a personal trainer where I get to combine my love for fitness and helping others.

E-mail: btolli@auamed.org

Phone: 1-917-940-4007

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